

# Welcome to the BHW portal

I am ...

## AN APPLICANT

[Applying for the NHSC Loan Repayment Program ▶](#)

[Applying for the NHSC Scholarship Program ▶](#)

[Applying for the NURSE Corps Scholarship Program ▶](#)

[Applying for the NURSE Corps Loan Repayment Program ▶](#)

[Applying for the Faculty Loan Repayment Program ▶](#)

[Applying for the Students to Service Loan Repayment Program ▶](#)

## A PARTICIPANT

[In a Loan Repayment or Scholarship Program ▶](#)

## A SITE POINT OF CONTACT, REPRESENTATIVE OR PCO

[A Site Administrator ▶](#)

[A State Primary Care Office Member ▶](#)

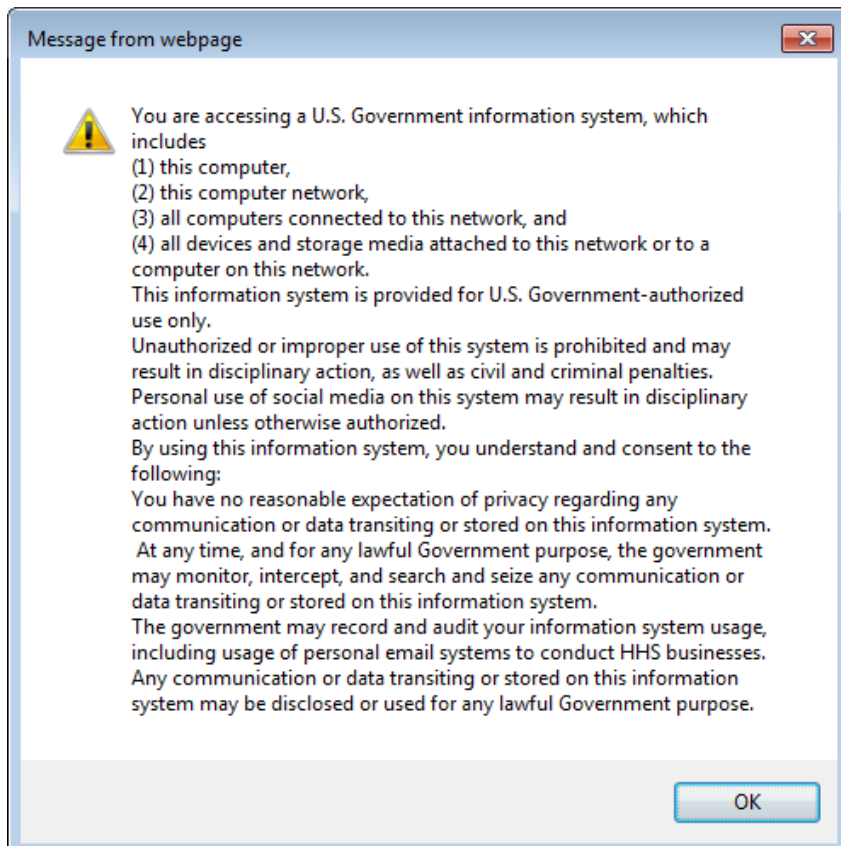
[A School Representative ▶](#)

[An Ambassador ▶](#)

## INTERESTED IN LEARNING MORE

[About BHW ▶](#)

Pop up on the log-in page. Applicant must click OK to proceed



## Login

Please log in using the fields below:

Your Email \*

Your Password \*

[forgot your password?](#)

**LOG IN**

## Create an Account

Not a registered user?

[Create a NURSE Corps Scholarship Program Application Account](#)   
*(formerly known as Nursing Scholarship Program (NSP))*

Note: If you have previously registered to apply for NURSE Corps SP or any other BHW program in the current or past application cycles, please use your existing account information to log in.




### OMB Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0301 and the expiration date is 05/31/2018. Public reporting burden for this collection is estimated to average 5.0 hour(s) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10C-03, Rockville, Maryland 20857.

## Questions?



For more information or questions please:

-  Refer to the [Portal FAQ](#)
-  Contact the BHW Customer Care Center at 1-800-221-9393
-  Use TTY for hearing impaired: 1-877-897-9910

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET  
or [Contact Us](#)

## Create My Account

\* required field

Please enter the information below to create your account for the Online Application Form. Once you complete and submit the information, you will receive access to login and complete the Online Application Form. To ensure that your application is complete, please refer to the [2017 Application and Program Guidance](#), which outlines the eligibility criteria.

Once you complete and submit the following information, an email message with a link to verify your email address will be sent to you. You will need to verify your email address within two (2) days to be able to login to your account.

First Name \*

Last Name \*


Middle Initial

Title

Suffix

Email \*

Confirm Email \*

Create Password \* 

Confirm Password \*

Security Question \*


Security Answer \*

**CREATE**

In the future it will send them to the BHW Portal Page

Welcome to the **BHW** portal

*I am ...*

 We have successfully created your account. Please check your email for instructions on how to enable your account.

**AN APPLICANT**

- [Applying for the NHSC Loan Repayment Program ▶](#)
- [Applying for the NHSC Scholarship Program ▶](#)
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- [Applying for the Faculty Loan Repayment Program ▶](#)
- [Applying for the Students to Service Loan Repayment Program ▶](#)

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- [An Ambassador ▶](#)

**INTERESTED IN LEARNING MORE**

- [About BHW ▶](#)

Email to applicant to activate their portal account. Click link in email within 48 hours


**COMPOSE**

**Inbox (1)**  
Starred  
Sent Mail  
Drafts  
More ▾

 Cindy ▾ +

---

**Activate Your Application Account** Inbox x  

 **bmiss@voosh.de** <bmiss@voosh.> 9:23 AM (0 minutes ago) ☆  

to me ▾

Dear Applicant,

Thank you for registering an account with the Health Resources and Services Administration's Bureau of Health Workforce.

Please use the link below to activate your account:  
<https://testbcrs.hrsa.gov:443/alpha/extranet/generic/public/unlock.seam?c=urutatusuinanijuminevata>

You must activate your account within two days using the link above. If you do not activate your account within two days, please use the "forgot password" link to reset your password. After activating your account, please log in and begin your online application.

Sincerely,  
Bureau of Health Workforce

<http://www.hrsa.gov/about/organization/bureaus/bhw/index.html>

# Welcome to the BHW portal



Thank you. Your account is now enabled.

I am ...

## AN APPLICANT

- [Applying for the NHSC Loan Repayment Program ▶](#)
- [Applying for the NHSC Scholarship Program ▶](#)
- [Applying for the NURSE Corps Scholarship Program ▶](#)
- [Applying for the NURSE Corps Loan Repayment Program ▶](#)
- [Applying for the Faculty Loan Repayment Program ▶](#)
- [Applying for the Students to Service Loan Repayment Program ▶](#)

## A PARTICIPANT

- [In a Loan Repayment or Scholarship Program ▶](#)



NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

## Login

Please log in using the fields below:

Your Email \*

Your Password \*

[forgot your password?](#)

LOG IN

## Create an Account

Not a registered user?

[Create a NURSE Corps Scholarship Program Application Account ▶](#)  
(formerly known as Nursing Scholarship Program (NSP))

Note: If you have previously registered to apply for NURSE Corps SP or any other BHW program in the current or past application cycles, please use your existing account information to log in.

### OMB Public Burden Statement

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## Questions?



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- Contact the BHW Customer Care Center at 1-800-221-9393
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Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET  
or [Contact Us](#).

## NURSE Corps Scholarship Program Application

### WELCOME TO THE NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

Thank you for your interest in the NURSE Corps Scholarship Program. Please be sure to carefully read the [2017 NURSE Corps Scholarship Program Application and Program Guidance \(APG\)](#) before starting the application.

**It is recommended that prior to beginning the online application you prepare electronic copies of the required supporting documentation. Additionally, you will have to initiate a request for an academic and non-academic letter of recommendation through the application pages. All information provided in the supporting documents must match exactly what is entered in the online application. Applications with discrepancies will not be considered for an award.**

All of these documents can be uploaded online:

- Acceptable Proof of Citizenship or U.S National/Lawful Permanent
- [Authorization to Release Information](#)
- [Verification of Acceptance/Good Standing Report](#)
- Complete Official Student Aid Report
- Unofficial Transcript (Please upload documents only, no links)
- CV/Resume
- Existing Service Supporting Document (If applicable)
- Three Essays
- Current Tuition and Fees Schedule

The online application is made up of several sections. The first two sections that must be completed are Assurance and Eligibility. You will not be able to continue with the application if you are found ineligible for a NURSE Corps Scholarship Program award based on your responses in these two sections. Once you have completed these sections entirely and are found eligible to participate in the program, you will be able to save your information and move on to the General Information section. The system will prevent you from accessing the next section until you have completed all required fields in the prior section. The online application is made up of the following sections after determining your eligibility:

- Assurances
- Eligibility
- General Information
- Background Information
- Degree Information
- Letters of Recommendation
- Supporting Documents
- Self-Certification
- Review and Submit

Prior to submitting the online application, you will have the opportunity to review your online application. Please do so carefully. Once the application has been submitted, you will have the ability to edit your application until the deadline. Your final application will be available for review, download, and printing.

Please select "Start My Application" to begin your online application.

The final submission date is **May 4, 2017 at 7:30 PM EDT**. Remember to log into the NURSE Corps Scholarship Program online application to check the status of your application!

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0301 and expires 8/31/2018. The public reporting burden for this collection is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

[START MY APPLICATION](#)

- 1 **Assurances**
- 2 Eligibility
- 3 General Information
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- 5 Degree Information
- 6 Letters of Recommendation
- 7 Supporting Documents
- 8 Self-Certification
- 9 Review & Submit

## Assurances

\* required field

1. I will provide a minimum of 2 years of full-time (or part-time equivalent) clinical services at a NURSE Corps Scholarship Program approved critical shortage facility. \* [i](#)

Accept  Decline

2. My services will begin following graduation from a school of nursing and being permanently licensed to practice as a registered nurse or an advanced practice registered nurse. \* [i](#)

Accept  Decline

3. I understand that if I fail to meet the above service requirements, I will be liable to the Federal Government to repay all funds paid to me under the NURSE Corps Scholarship Program and pay interest on such amounts at the maximum legal prevailing rate from the date of default. \*

Accept  Decline





**SAVE & CONTINUE**

OMB No. 0915-0301 Expiration Date: 05/31/2018

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## Eligibility

\* required field

1. Are you a U.S. Citizen, U.S. National, or Lawful Permanent Resident? \*  
 Yes  No
2. Do you have any outstanding federal debt or any liens? \*   
 Yes  No
3. Do you have an existing service obligation? \*   
 Yes  No
4. Have you defaulted on any Federal or non-Federal payment obligations (e.g. Health Education Assistance Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans, or court ordered child support)? \*  
 Yes  No
5. Have you had any Federal or non-Federal debt written off as uncollectible? \*  
 Yes  No
6. Have you defaulted on a prior service obligation to a federal, state, or local government entity, or other entity? \*   
 Yes  No
7. Have you been accepted by an accredited nursing school located in a State (including U.S. territories)? \*  
 Yes  No
8. Are you currently enrolled at an accredited Nursing School? \*   
 Yes  No
9. Are you in a dual/joint degree program or combined degree program? \*  
 Yes  No
10. Are you in a bridge or direct-entry nursing program? \*  
 Yes  No
11. Have you ever been dismissed, placed on probation, suspended, or voluntarily withdrawn from a health profession school for academic or disciplinary reasons? \*  
 Yes  No

**SAVE & CONTINUE**

OMB No. 0915-0301 Expiration Date: 05/31/2018

Tool Tips, Drop Downs and Expanded Questions in Eligibility section

## Eligibility

\* required field

An applicant must be free of any judgment lien against his/her property arising from a debt owed to the United States. Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance.

Permanent Resident? \*

2. Do you have any outstanding federal debt or any liens? \* ?

Yes  No

Yes  No

2. Do you have any outstanding federal debt or any liens? \*

Yes  No

3. Do you have an existing service obligation? \* ?

Yes  No

An applicant with an existing service obligation must complete this obligation prior to receipt of the NURSE Corps Scholarship Program award. Members of a Reserve component of the Armed Forces or National Guard are exempt.

3. Do you have an existing service obligation? \* ?

Yes  No

Applicants with an existing service obligation will be required to submit a document verifying that their existing service obligation will be completed prior to submission of this application.

Will it be completely satisfied on or before application submission? \*

Yes  No

Are you in a Reserve component of the Armed Forces including the National Guard? \*

Yes  No

Yes  No

5. Have you had any Federal or no

Yes  No

6. Have you defaulted on a prior service obligation to a federal, state, or local government entity, or other entity? \* ?

Yes  No

An applicant that has defaulted on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means is ineligible to receive Federal financial assistance.

7. Have you been accepted by an accredited nursing school located in a State (including U.S. territories)? \*

Yes  No

Will your class attendance and/or schoolwork from the above accredited nursing school for the 2017-2018 school year begin on or before September 30, 2017? \*

Yes  No


Enrolled is defined as having been formally admitted to an RN or NP Program at an accredited School of Nursing, committed to attend the program and have scheduled or are eligible to schedule classes which have or will begin no later than September 30, 2017.

located in a State (including U.S. territories)? \*

8. Are you currently enrolled at an accredited Nursing School? \* ?

Yes  No



8. Are you currently enrolled at an accredited Nursing School? \* 


Yes  No

In what type of nursing program are you currently enrolled or accepted? \*

Select 

Are you in good standing? (i.e. not on academic probation, suspension or other disciplinary action) \*

Yes  No

8. Are you currently enrolled at an accredited Nursing School? \* 

Yes  No

In what type of nursing program are you currently enrolled or accepted? \*

Select

Are you in good standing? (i.e. not on academic probation, suspension or other disciplinary action) \*

Yes  No

- RN - Associate Degree
- RN - Diploma
- RN - Bachelors of Science
- MSN - Nurse Practitioner
- MSN - Certified Nurse Mid-wife
- MSN - Clinical Nurse Specialist
- MSN - Certified Registered Nurse Anesthetist
- MSN - Other
- MSN/RN Generalist
- DNP

9. Are you in a dual/joint degree program or combined program? \*

10. Are you in a bridge or direct-entry nursing program? \*

Yes  No

Is this bridge program RN to BSN? \*

Yes  No

Is this bridge program RN to MSN/NP? \*

Yes  No

Is this direct entry program Bachelor's (non-nursing) to MSN/RN Generalist? \*

Yes  No

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## General Information

\* required field

### APPLICATION TYPE

Are you a full-time or part-time student? \*  Full-time  Part-time

### FULL NAME

First Name \*   
Last Name \*   
Middle Initial   
Title   
Suffix

### HOME (PERMANENT) ADDRESS

Address Line 1 \*   
Address Line 2   
Country \*   
State/Province/Region/Territory \*   
City \*   
Zip/Postal Code \*

### PREFERRED MAILING ADDRESS

My preferred mailing address is the same as my home address

Address Line 1 \*   
Address Line 2   
Country \*   
State/Province/Region/Territory \*   
City \*   
Zip/Postal Code \*

### PHONE

My preferred phone is an international number

Preferred Phone \*

My alternate phone is an international number

Alternate Phone

### EMAIL

Preferred \*

Alternate

### SOCIAL SECURITY NUMBER

SSN \*

Confirm SSN \*

### HOW DID YOU HEAR ABOUT NURSE CORPS SCHOLARSHIP PROGRAM

How did you hear about the NURSE

Corps SP? \*

**SAVE & CONTINUE**

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## Background Information


\* required field

### PLACE OF BIRTH

Country \*

State/Province/Region/Territory \*

City \*

Date of Birth \*  

### DEMOGRAPHICS

Award selection will not be determined by this section

Gender  Male  Female

Ethnicity  Hispanic or Latino  Not Hispanic or Latino

Race *You may multi-select different race values.*

American Indian or Alaskan Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

### BACKGROUND EDUCATION INFORMATION

Highest level of education received \*

Year received \*

### EMERGENCY/ALTERNATE CONTACT INFORMATION

First Name \*

Last Name \*

Middle Initial

Address Line 1 \*

Address Line 2

Country \*

State/Province/Region/Territory \*

City \*

Zip/Postal Code \*

Contact's preferred phone is an international number

Preferred Phone \*

Contact's alternate phone is an international number

Alternate Phone

**SAVE & CONTINUE**

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## Degree Information

\* required field

Specify the discipline and degree you will receive upon the completion of your program or school.

The discipline and degree you select must be at the accredited school you select in the school information section. Selecting a discipline and degree program that is not offered at the school selected will cause delays in processing your application. If you change your discipline or specialty after selecting your school, you will need to reselect your school.

### PROFESSIONAL HEALTH DISCIPLINE

Discipline \* i  v

What degree or certification will you receive upon completion of your program? \*

### SCHOOL

Please select the "Search School" button below to identify your school. If you are unable to locate your school, you will be prompted to request a new school. Upon submission of your request, NURSE Corps Scholarship Program will review and verify your school's accreditation and follow up with you.

**Please note:** The process to add a school may take up to 48 hours (two business days). Requests must be submitted with ample time remaining before the application cycle closes.

The NURSE Corps Scholarship Program considers a nursing program to be accredited if it is accredited by a national or regional nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education. For a complete list of nursing accreditation agencies recognized by the Secretary of the U.S. Department of Education, please visit the [U.S Department Of Education Accreditation Agency List](#).

SEARCH SCHOOL

Do you pay resident or non-resident tuition?  Resident (In State)  Non-Resident (Out of State)

What is the date you started, or will start, the Nursing Program for which you are requesting funding?  calendar icon

What is your program end date?  calendar icon

What is your expected graduation date?  calendar icon

On 9/30/2017, in what year of your nursing program will you be enrolled? i  v

Time left until completion of program  years  months

Please review this table to understand the number of years required for service if awarded.

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

### GPA

This is a non-standard GPA

GPA


### EXPECTED FAMILY CONTRIBUTION

Enter your Expected Family Contribution (EFC) as indicated on your Complete Official Student Aid Report i \$

SAVE & CONTINUE

## PROFESSIONAL HEALTH DISCIPLINE

Discipline \* 

Nurse Practitioner 

What degree or certification will you receive upon completion of your program? \*

Master's 

## SCHOOL

Please select the "Search School" button below to identify your school. If you are unable to locate your school, you will be prompted to request a new school. Upon submission of your request, NURSE Corps Scholarship Program will review and verify your school's accreditation and follow up with you.

**Please note:** The process to add a school may take up to 48 hours (two business days). Requests must be submitted with ample time remaining before the application cycle closes.

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SEARCH SCHOOL

## School Search Process

Welcome, ctest1350@gmail.com

**NURSECORPS**  
Caring for communities in need

NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

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### School Information


\* required field


[Return to Degree Landing Page](#)

Please provide the following information about your school and select the "search" button to search for your school in our system.

#### SCHOOL INFORMATION

Please provide your school information in the fields below.

School Name \* 

State or Territory \*  

School City

SEARCH

OMB No. 0915-0301 Expiration Date: 05/31/2018

# School Information


\* required field

[Return to Degree Landing Page](#)

Please provide the following information about your school and select the "search" button to search for your school in our system.

## SCHOOL INFORMATION

Please provide your school information in the fields below.

School Name * 	<input type="text" value="University of Alabama at Birmingham"/>
State or Territory *	<input type="text" value="Alabama"/>
School City	<input type="text" value="Birmingham"/>

**SEARCH**

Please select your school from the search results. If your school is not in the list of results provided, select "Click here if your school is not listed in the above search results."

	School Name	Address	City	State
<a href="#">Select</a>	UNIVERSITY OF ALABAMA AT BIRMINGHAM	UNIV OF ALABAMA @ BIRMINGHAM 317 HILL UNIV CTR-HUC 69	BIRMINGHAM	AL
<a href="#">Select</a>	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF HEALTH PROFESSIONS	430 SCHOOL OF HEALTH PROFESSIONS BUILDING 1707 UNVIRISITY BLVD. BIRMINGHAM AL	BIRMINGHAM	AL
<a href="#">Select</a>	UNIVERSITY OF ALABAMA AT BIRMINGHAM - SCHOOL OF NURSING	1720 2ND AVE S	BIRMINGHAM	AL

[Click here if your school is not listed in the above search results](#) ▶

OMB No. 0915-0301 Expiration Date: 05/31/2018

# School Information


\* required field

[Return to Degree Landing Page](#)

Please provide the following information about your school and select the "search" button to search for your school in our system.

## SCHOOL INFORMATION

Please provide your school information in the fields below.

School Name * 	<input type="text" value="University of Alabama at Birmingham"/>
State or Territory *	<input type="text" value="Alabama"/>
School City	<input type="text" value="Birmingham"/>


**SEARCH**

To ensure your school is not already in our system, review the list of all schools within the selected state. If your school has multiple entries, please check the address information to ensure you are selecting the correct campus. If your school is not in the list of results provided, select "Click here if your school is not listed in the above search results to request a new school".

1 2 3 4

	School Name	Address	City	State
<a href="#">Select</a>	AUBURN UNIV DEPT OF SPEECH		AUBURN	AL
<a href="#">Select</a>	AUBURN UNIV SCH OF PHARMACY	AUBURN UNIVERSITY, SCH OF PHAR 312 MARTIN HALL	AUBURN	AL
<a href="#">Select</a>	AUBURN UNIV SCH OF VET MED	AUBURN UNIV-VET MED 214 MARY MARTIN HALL	AUBURN	AL
<a href="#">Select</a>	AUBURN UNIVERSITY	217 WALKER BUILDING	AUBURN	AL
<a href="#">Select</a>	ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE	445 HEALTH SCIENCES BLVD.	DOTHAN	AL
<a href="#">Select</a>	ALABAMA SOUTHERN COMMUNITY COLLEGE	2800 SOUTH ALABAMA AVENUE	MONROEVILLE	AL
<a href="#">Select</a>	ALABAMA STATE UNIVERSITY	PO BOX 271	MONTGOMERY	AL
<a href="#">Select</a>	AUBURN UNIVERSITY - SCHOOL OF NURSING		AUBURN	AL
<a href="#">Select</a>	AUBURN UNIVERSITY MONTGOMERY - SCHOOL		MONTGOMERY	AL

If the applicant does not see their school in the results then they can request a new school



NURSE CORPS SCHOLARSHIP PROGRAM APPLICATION

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## Request New School Or Degree

*\* required field*

[Return to School Search](#)

Your school or degree program is not in our system. Please complete the following fields. The NURSE Corps Scholarship Program Staff will review your request and update our system accordingly.

### SCHOOL INFORMATION

School Name \*

#### School Address

Address Line 1 \*

Address Line 2

City \*

State/Province/Region/Territory \*

Zip/Postal Code \*

### ACCREDITATION INFORMATION

We do not have current accreditation information for your degree program at your selected school. Providing the accreditation information for your degree program will help the NURSE Corps Scholarship Program staff will verify your program's accreditation. Providing program accreditation information is **optional**.

Discipline

Degree/Certification

Degree Program Accreditation Body

### POINT OF CONTACT INFORMATION

Providing at least one point of contact for your degree program will help the NURSE Corps Scholarship Program staff verify your school and degree information. Providing a point of contact is **optional**.

Point of Contact Type *	First Name *	Last Name *	Phone Number *	Email Address *
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add Additional POC](#)

When you select "Save & Continue" a request will be sent to the NURSE Corps Scholarship Program staff to review your school and degree information. You will be notified by email with a decision about the accreditation eligibility of your school when the review is complete. The process to add a school may take up to 48 hours (two business days).

You may continue to complete other sections of your application while your school information is being verified.

[SAVE & CONTINUE](#)

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Accreditation drop down

**SCHOOL INFORMATION**

School Name \*

**School Address**

Address Line 1 \*

Address Line 2

City \*

State/Province/Region/Territory \*

Zip/Postal Code \*

**ACCREDITATION INFORMATION**

We do not have current accreditation information for your degree program at your selected school. Providing the accreditation information for your degree program will help the NURSE Corps Scholarship Program staff will verify your program's accreditation. Providing program accreditation information is **optional**.

Discipline

Degree/Certification

Degree Program Accreditation Body

**POINT OF CONTACT INFORMATION**

Providing at least one point of contact for your school and degree information. Provide

Point of Contact Type *	First Name
<input type="text" value="Select"/>	<input type="text"/>

- Select
- Accreditation Commission for Education in Nursing (ACEN)
- Accreditation Commission for Midwifery Education
- Accreditation Review Commission on Education for the Physician Assistant
- American Academy of Nurse Practitioners
- American College of Nurse-Midwives, Division of Accreditation (American Midwifery Certification Board)
- American Dental Association, Commission on Dental Accreditation
- American Nurses Credentialing Center
- American Osteopathic Association, Commission on Osteopathic College Accreditation
- Commission on Collegiate Nursing Education (CCNE)
- Council on Accreditation of Nurse Anesthesia Educational Programs
- Kansas State Board of Nursing
- Liaison Committee on Medical Education
- Maryland Board of Nursing
- Midwifery Education Accreditation Council
- Missouri State Board of Nursing
- National Commission on Certification of Physician Assistants
- National League for Nursing Accrediting Commission
- New York State Board of Regents, State Education Department, Office of the Professions (Nursing Education)
- North Dakota Board of Nursing
- Pediatric Nursing Certification Board

When you select "Save & Continue" a review of your school and degree information. You will be notified by your school when the review is complete. The review process may take several weeks.

You may continue to complete other sections of your application while your school information is being verified.

**SAVE & CONTINUE**





You have submitted a school not found request successfully.

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## Degree Information

\* required field

Specify the discipline and degree you will receive upon the completion of your program or school.

The discipline and degree you select must be at the accredited school you select in the school information section. Selecting a discipline and degree program that is not offered at the school selected will cause delays in processing your application. If you change your discipline or specialty after selecting your school, you will need to reselect your school.

### PROFESSIONAL HEALTH DISCIPLINE

Discipline \*

Nurse Practitioner

What degree or certification will you receive upon completion of your program? \*

Master's

### SCHOOL

Please select the "Search School" button below to identify your school. If you are unable to locate your school, you will be prompted to request a new school. Upon submission of your request, NURSE Corps Scholarship Program will review and verify your school's accreditation and follow up with you.

**Please note:** The process to add a school may take up to 48 hours (two business days). Requests must be submitted with ample time remaining before the application cycle closes.

The NURSE Corps Scholarship Program considers a nursing program to be accredited if it is accredited by a national or regional nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education. For a complete list of nursing accreditation agencies recognized by the Secretary of the U.S. Department of Education, please visit the [U.S Department Of Education Accreditation Agency List](#).

### REQUEST STATUS : SUBMITTED REVIEW NOT STARTED

A new school/degree request is currently in progress for the following school. While the request is under review you may not change your school information. You may, however, cancel your request to select or request a different school.

#### SELECTED SCHOOL


University of Alabama at Birmingham  
68 University  
Birmingham, AL 36201


Want to Cancel Your Request?


Cancel Review Request


Once you select the Time left until completion of program years and months the Start and End Dates section will appear.

Do you pay resident or non-resident tuition?  Resident (In State)  Non-Resident (Out of State)

What is the date you started, or will start, the Nursing Program for which you are requesting funding?  

What is your program end date?  

What is your expected graduation date?  



On 9/30/2017, in what year of your nursing program will you be enrolled?  

Time left until completion of program  years  months



**Start and End Dates**

Please enter the start and end dates of **each** year left in your program. Your academic school year must be between July 1st and June 30th. You must start classes on or before September 30th.

You must request funding for the upcoming school year and the funding years must be consecutive school years. You must indicate which years you are seeking scholarship funding by checking the box 'I am requesting funding for this school year.' Note: the NURSE Corps Scholarship Program will only pay tuition and fees for required courses in summer school when summer school is an academic term normally required by the school for the nursing program.

Year 1 Start Date   Year 1 End Date  

I am requesting funding for year 1

Year 2 Start Date   Year 2 End Date  

I am requesting funding for year 2

Please review this table to understand the number of years required for service if awarded.

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

### Start and End Dates

Please enter the start and end dates of **each** year left in your program. Your academic school year must be between July 1st and June 30th. You must start classes on or before September 30th.

You must request funding for the upcoming school year and the funding years must be consecutive school years. You must indicate which years you are seeking scholarship funding by checking the box 'I am requesting funding for this school year.' Note: the NURSE Corps Scholarship Program will only pay tuition and fees for required courses in summer school when summer school is an academic term normally required by the school for the nursing program.

Year 1 Start Date \*

Year 1 End Date \*

I am requesting funding for year 1

Year 2 Start Date \*

Year 2 End Date \*

I am requesting funding for year 2

Please review this table to understand the number of years required for service if awarded.

Years of Scholarship Support	Years of Service Obligation
Up to 1 Full-Time School Years (2017-2018)	2 Years Full-Time
Up to 2 Full-Time School Years (2017-2019)	2 Years Full-Time
Up to 3 Full-Time School Years (2017-2020)	3 Years Full-Time
Up to 4 Full-Time School Years (2017-2021)	4 Years Full-Time

### GPA

Please enter your most recently completed undergraduate or graduate program cumulative GPA (provide Pass/Fail or alternate GPA Option by selecting Non-Standard GPA).

*Please upload the most recent undergraduate or graduate degree transcript (i.e. the transcript which reflects the entered GPA) on the Supporting Document page.*

This is a non-standard GPA

GPA \*

### EXPECTED FAMILY CONTRIBUTION

Enter your Expected Family Contribution (EFC) as indicated on your Complete Official Student Aid Report \* 

\$

**SAVE & CONTINUE**

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## Letters of Recommendation

\* required field

All recommendations must be completed online. It is your responsibility to ensure that both recommendations are submitted by the deadline date. You will not be able to submit your Nurse Corps Scholarship Program application until both recommendations are completed. You will be able to continue to the next page of the application once both requests are sent out. Additionally, you may cancel and re-submit a request as long as the letter has not already been completed by the recommender. You will receive an email notification once the recommender completes the process, however you will not be able to see the completed letter of recommendation. The recommender will not be able to upload letters of recommendation after the application deadline (May 4, 2017 at 7:30 PM EDT) or once you submit your application.

If the applicant is currently enrolled in the nursing program for which the scholarship award application is intended the recommendation letter should be from the Department Chair, faculty advisor, or a faculty member of that academic program who can attest to the applicant's qualifications. If the applicant has not begun the training associated with the scholarship, the letter should be from the Department Chair, faculty advisor, or a faculty member of the applicant's most recent academic program. The letter must have a handwritten/electronic signature and/or be on the institution's letterhead.

Status: Not Started

Recommender Title \*

First Name \*

Last Name \*

Email \*

**Request Recommendation**

The Non-Academic Letter of Recommendation should be from an individual who is familiar with the applicant's professional, community, and/or civic activities, especially those related to underserved communities. The recommender can be an employer or previous employer, community leader, colleague, or anyone who has knowledge of the applicant's demonstrated work and or interest and motivation to provide care to underserved communities. The recommender must not be a family member. The letter must have a handwritten/electronic signature and/or be on letterhead.

Status: Not Started

Recommender Title \*

First Name \*

Last Name \*

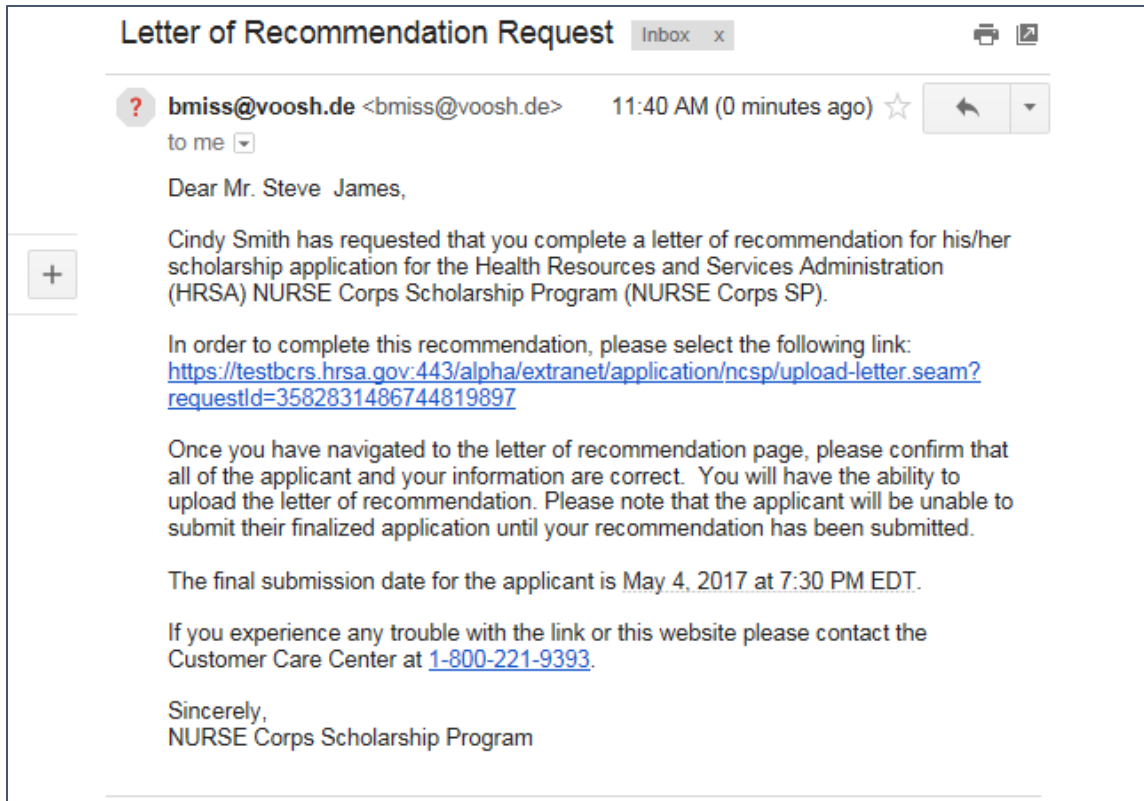
Email \*

**Request Recommendation**

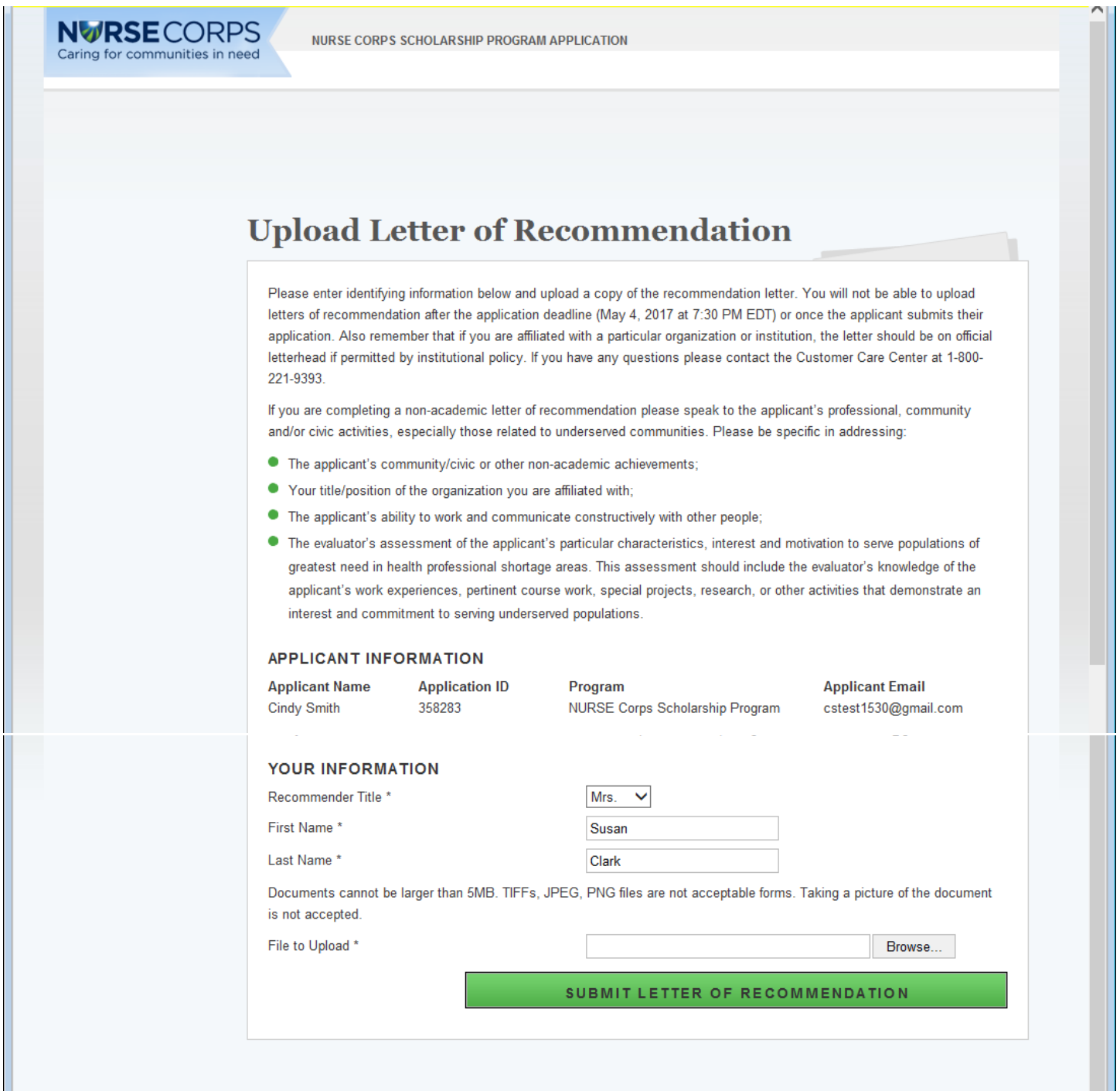
**SAVE & CONTINUE**

OMB No. 0915-0301 Expiration Date: 05/31/2018

Sample email the Recommender will receive.



When the Recommender selects the link in the email, they will be directed to the Letter of Recommendation page



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## Supporting Documents

\* required field

Select the document you would like to upload and then browse the document in and select "Upload". All documents are required in order to select "Continue." Once you have uploaded the documents, you will be able to view the link of the downloaded document.

Please upload PDF documents when possible to enhance processing time. Documents cannot be larger than 5MB in size. **TIFF, JPEG, PNG, and HTML are NOT acceptable file types.** Multiple page documents must be merged and submitted as one single document before it is uploaded. Multiple documents uploaded in the incorrect location may cause delays in processing your application.

All information provided in the supporting documents **must match exactly what is entered in the** online application. Any discrepancies will cause your application to not be considered for an award.

For more information on any other documents, please view the [2017 NURSE Corps Scholarship Program Application and Program Guidance](#).

### ESSAY QUESTIONS

How will you contribute to the mission of the NURSE Corps Scholarship Program in providing care to underserved communities?

What experiences have you had that have prepared you to work with underserved populations? For example: community service, internships, and federally funded health programs; or work in rural, frontier or tribal settings.

Please discuss your commitment to pursue a career in nursing.

Each response should be limited to 5,000 characters or less (approximately ½ page), one page per essay. We recommend that you use a standard word processing tool (e.g., Microsoft Word, Word Perfect) to respond to the questions. The applicant must provide the first initial and last name and their Application ID number at the top of each document.

### TEMPLATE DOCUMENTS

Please use the following document templates for the corresponding supporting documents (do not use alternative or school documents). You will need to print the forms, fill them out, and scan them in order to upload.

- [Authorization to Release Information](#)
- [Verification of Acceptance/Good Standing Report](#)

### UPLOAD DOCUMENTS

List of supporting documents.

Document Title	Document File	Status	Delete
<input type="radio"/> Authorization to Release Information*		Not Received	
<input type="radio"/> Complete Official Student Aid Report*		Not Received	
<input type="radio"/> Current Year Tuition and Fees Schedule*		Not Received	
<input type="radio"/> Essay 1 - Mission of NURSE Corps SP*		Not Received	
<input type="radio"/> Essay 2 - Experience in Underserved Communities*		Not Received	
<input type="radio"/> Essay 3 - Service Commitment*		Not Received	
<input type="radio"/> Proof of Citizenship or U.S. National; Lawful Permanent Resident*		Not Received	
<input type="radio"/> Resume/CV*		Not Received	
<input type="radio"/> Transcript*		Not Received	
<input type="radio"/> Verification of Acceptance/Good Standing*		Not Received	



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## Self-Certification

\* required field

### CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
  - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
  - violation of Federal or State antitrust statutes;
  - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or
  - commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility
- Is presently indicated or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

I certify that none of the above statements apply to me. \*

I certify that I have read and understand the terms of the [2017 NURSE Corps Scholarship Program Application and Program Guidance](#) \*

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

After the applicant has self-certified by checking the two boxes, the Save and Continue button will turn green.

- Is presently indicated or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

I certify that none of the above statements apply to me. \*

I certify that I have read and understand the terms of the [2017 NURSE Corps Scholarship Program Application and Program Guidance](#) \*

SAVE & CONTINUE

OMB No. 0915-0301 Expiration Date: 05/31/2018

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## Review & Submit

Please review each of the sections listed below prior to submitting your application.

You may edit your application up until the deadline; however, you will need to re-submit by the deadline to be considered for an award. After submission, your final application will be available to review, download, and print in PDF format on the Home page. All supporting documents will be listed on the Home page along with the school, discipline, and number of years of funding you have requested. The deadline to submit the NURSE Corps SP application is May 4, 2017 at 7:30 PM EDT.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	In Progress
Letters of Recommendation	Complete
Supporting Documents	Complete
Self-Certification	Complete
Review & Submit	In Progress

### SUBMIT YOUR APPLICATION:

I certify that the information given in this application, including supporting documentation uploaded into this application, is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)

Enter your password to sign \*

**SUBMIT**



# NURSE Corps Scholarship Program Application

Hello Cindy,

Welcome back to the NURSE Corps Scholarship Program online application!

Your overall application status is: **In Progress**

Your application ID is: 358283

**Please note your application ID. It will be required for program and technical support as well as identification on specified documents**

Application Deadline: **May 4, 2017 at 7:30 PM EDT**

Please select "Continue" or the desired section you wish to complete by clicking on the link of the section below.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	In Progress
Letters of Recommendation	Complete
Supporting Documents	Complete
Self-Certification	Not Started
Review & Submit	Not Started

CONTINUE

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## Self-Certification

\* required field

### CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
  - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
  - violation of Federal or State antitrust statutes;
  - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or
  - commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility
- Is presently indicated or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

I certify that none of the above statements apply to me. \*

I certify that I have read and understand the terms of the [2017 NURSE Corps Scholarship Program Application and Program Guidance](#) \*

SAVE & CONTINUE

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- 9 **Review & Submit**

## Review & Submit

Please review each of the sections listed below prior to submitting your application.

You may edit your application up until the deadline; however, you will need to re-submit by the deadline to be considered for an award. After submission, your final application will be available to review, download, and print in PDF format on the Home page. All supporting documents will be listed on the Home page along with the school, discipline, and number of years of funding you have requested. The deadline to submit the NURSE Corps SP application is March 19, 2017 at 2:08 PM EDT.

Page Name	Status
Assurances	Complete
Eligibility	Complete
General Information	Complete
Background Information	Complete
Degree Information	Complete
Letters of Recommendation	Complete
Supporting Documents	Complete
Self-Certification	Complete
Review & Submit	In Progress

### SUBMIT YOUR APPLICATION:

I certify that the information given in this application, including supporting documentation uploaded into this application, is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)

Enter your password to sign \*

**SUBMIT**

This is the screen applicant will see after they submit. They can view, edit or withdraw their application until the application deadline

## NURSE Corps Scholarship Program Application

Hello Cindy,

You have submitted your NURSE Corps Scholarship Program online application and all required supporting documents!

Your overall application status is: **Submitted**

Your application ID is: **369314**

School Name: **University of Alabama - School of Nursing**

Discipline: **Nurse Practitioner**

Number of funding years requested: **2**

[View your submitted application](#)

It is your responsibility to ensure that the entirety of your application and supporting documents has been accurately submitted. Applications found with deficiencies or missing information will not qualify for review. For further guidance please refer to the [2017 NURSE Corps Scholarship Program Application and Program Guidance](#).

If there are any changes you would like to make to your application, you may edit and resubmit your application by the application deadline (March 19, 2017 at 2:08 PM EDT). Applications not resubmitted by this time will not be considered for an award. Click the button below to edit your application.

[Edit Application](#)

If you are no longer interested in the 2017 NURSE Corps Scholarship Program award, please click the button below to withdraw your application. Once you withdraw your application, you may resubmit your current application using the edit button above until March 19, 2017 at 2:08 PM EDT. Applications not resubmitted by this time will not be considered for an award.

[Withdraw](#)

It is important to keep your contact information accurate and up to date. If updates are necessary, please make the appropriate changes on the [Account Settings](#) page.

### GENERAL SUPPORTING DOCUMENTS

Document Title	Document Name	Status
Authorization to Release Information	1 A Test documen1.docx	Received
Complete Official Student Aid Report	1 A Test documen1.docx	Received
Current Year Tuition and Fees Schedule	1 A Test documen1.docx	Received
Essay 1 - Mission of NURSE Corps SP	1 A Test documen1.docx	Received
Essay 2 - Experience in Underserved Communities	1 A Test documen1.docx	Received
Essay 3 - Service Commitment	1 A Test documen1.docx	Received
Proof of Citizenship or U.S. National; Lawful Permanent Resident	1 A Test documen1.docx	Received
Resume/CV	1 A Test documen1.docx	Received
Transcript	1 A Test documen1.docx	Received
Verification of Acceptance/Good Standing	1 A Test documen1.docx	Received